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TAILM APPLICATION FEE DETERMINATION RECORD								Application of Docket Number		
Substitute for Form PTO-875								10 034,171		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL	ENTITY	OR	OTHE	ER THAN L ENTITY
			NUMBER FILED '		BER EXTRA	RATE	FEE		RATE	7.05
(37	SIC FEE CFR 1.16(a))				,		\$		MAIL	· FEE
	TAL CLAIMS CFR 1.16(c))		minus 2	70 =	•	x s 25=	-	OR	FO	\$
	EPENDENT CLA	IMS				·	-	OR ·	$\times 50$	
					x \$ 100=	 	OR	x s 200		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+s:180		. OR	+ 360	
" If the difference in column 1 is less than zero, enter "0" in column 2.						. TOTAL		OR	TOTAL	
	CLAIMS AS AMENDED - PART II								<i>:</i> ,	
		(Column 1)	- ,	(Column 2)	(Column 3)	SMALL	ENTITY	OR		R THAN ENTITY
ENT A	11/22/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER: PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL - FEE		RATE	ADDI- TIONAL
NDME	Total (31 CFR 1.16(c))	20	Minus	" 20	=	x s 25 =	, , , ,	00	x s 50 =	FEE
EN	Independent (37 CFR 1.16(b))	3_	Minus	" 3-	1	x s 100=		OR	x s 200	
AME	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 C	FR 1.16(d))	+s 180=		OR	+320	
						TOTAL ADD'L FEE		OR OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Calumn 3)				ADD L FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
N N	Total (37 CFR 1.16(c))	•	Minus	44	Ξ .	x s 25 =		~ D	× 5 5 0=	FEE
EN	Independent (37 CFR 1.16(b))	. •	' Minus	446	=	× s 100=		OR	x s 200	····································
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 5 180=		OR OR	4.36Q	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
 -	· ————————————————————————————————————	(Column 1)	·	(Column 2)	(Column 3)					
AMENDMENT C	· ·	CLAIMS ' REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (31 CFR 1,16(c))	•	Minus	••	= '	x s 25 =		OR	x s \$0 =	1 6.6
	Indépendent (37 CFR 1.16(b))	.•	Minus	*** .	=	x s 1002		OR .	× 5 200	
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ 180=	·	OR	,360 __	·
	·							OR.	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including galhering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.